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(Original Signature of Member)

116TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

To amend the Public Health Service Act to reauthorize the Healthy Start program.

\_\_\_\_\_  
IN THE HOUSE OF REPRESENTATIVES

Mr. RYAN introduced the following bill; which was referred to the Committee  
on \_\_\_\_\_  
\_\_\_\_\_

**A BILL**

To amend the Public Health Service Act to reauthorize the  
Healthy Start program.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Heathy Start Reau-  
5       thorization Act of 2019”.

6       **SEC. 2. REAUTHORIZATION OF HEALTHY START PROGRAM.**

7       Section 330H of the Public Health Service Act (42  
8       U.S.C. 254c–8) is amended—

9               (1) in subsection (a)—

1 (A) in paragraph (1), by striking “, during  
2 fiscal year 2001 and subsequent years,”; and

3 (B) in paragraph (2), by inserting “or in-  
4 creasing above the national average” after  
5 “areas with high”;  
6 (2) in subsection (b)—

7 (A) in paragraph (1), by striking “con-  
8 sumers of project services, public health depart-  
9 ments, hospitals, health centers under section  
10 330” and inserting “participants and former  
11 participants of project services, public health  
12 departments, hospitals, health centers under  
13 section 330, State substance abuse agencies”;  
14 and

15 (B) in paragraph (2)—

16 (i) in subparagraph (A), by striking  
17 “such as low birthweight” and inserting  
18 “including poor birth outcomes (such as  
19 low birthweight and preterm birth) and so-  
20 cial determinants of health”;

21 (ii) by redesignating subparagraph  
22 (B) as subparagraph (C);

23 (iii) by inserting after subparagraph  
24 (A), the following:

25 “(B) Communities with—

1 “(i) high rates of infant mortality or  
2 poor perinatal outcomes; or

3 “(ii) high rates of infant mortality or  
4 poor perinatal outcomes in specific sub-  
5 populations within the community.”; and

6 (iv) in subparagraph (C) (as so redes-  
7 ignated)—

8 (I) by redesignating clauses (i)  
9 and (ii) as clauses (ii) and (iii), re-  
10 spectively;

11 (II) by inserting before clause (ii)  
12 (as so redesignated) the following:

13 “(i) collaboration with the local com-  
14 munity in the development of the project;”;

15 (III) in clause (ii) (as so redesign-  
16 ated), by striking “and” at the end;

17 (IV) in clause (iii) (as so redesign-  
18 ated), by striking the period and in-  
19 serting “; and”; and

20 (V) by adding at the end the fol-  
21 lowing:

22 “(iv) the use and collection of data  
23 demonstrating the effectiveness of such  
24 program in decreasing infant mortality  
25 rates and improving perinatal outcomes, as

1 applicable, or the process by which new ap-  
2 plicants plan to collect this data.”;

3 (3) in subsection (c)—

4 (A) by striking “Recipients of grants” and  
5 inserting the following:

6 “(1) IN GENERAL.—Recipients of grants”; and

7 (B) by adding at the end the following:

8 “(2) OTHER PROGRAMS.—The Secretary shall  
9 ensure coordination of the program carried out pur-  
10 suant to this section with other programs and activi-  
11 ties related to the reduction of the rate of infant  
12 mortality and improved perinatal and infant health  
13 outcomes supported by the Department.”;

14 (4) in subsection (e)—

15 (A) in paragraph (1), by striking “appro-  
16 priated—” and all that follows through the end  
17 and inserting “appropriated \$135,000,000 for  
18 each of fiscal years 2020 through 2024.”; and

19 (B) in paragraph (2)(B), by adding at the  
20 end the following: “Evaluations may also in-  
21 clude, to the extent practicable, information re-  
22 lated to—

23 “(i) progress toward achieving any  
24 grant metrics or outcomes related to re-  
25 ducing infant mortality rates, improving

1 perinatal outcomes, or reducing the dis-  
2 parity in health status;

3 “(ii) recommendations on potential  
4 improvements that may assist with ad-  
5 dressing gaps, as applicable and appro-  
6 priate; and

7 “(iii) the extent to which the grantee  
8 coordinated with the community in which  
9 the grantee is located in the development  
10 of the project and delivery of services, in-  
11 cluding with respect to technical assistance  
12 and mentorship programs.”; and

13 (5) by adding at the end the following:

14 “(f) GAO REPORT.—

15 “(1) IN GENERAL.—Not later than 4 years  
16 after the date of the enactment of this subsection,  
17 the Comptroller General of the United States shall  
18 conduct an independent evaluation, and submit to  
19 the appropriate Committees of Congress a report,  
20 concerning the Healthy Start program under this  
21 section.

22 “(2) EVALUATION.—In conducting the evalua-  
23 tion under paragraph (1), the Comptroller General  
24 shall consider, as applicable and appropriate, infor-

1       mation from the evaluations under subsection  
2       (e)(2)(B).

3           “(3) REPORT.—The report described in para-  
4       graph (1) shall review, assess, and provide rec-  
5       ommendations, as appropriate, on the following:

6           “(A) The allocation of Healthy Start pro-  
7       gram grants by the Health Resources and Serv-  
8       ices Administration, including considerations  
9       made by such Administration regarding dispari-  
10      ties in infant mortality or perinatal outcomes  
11      among urban and rural areas in making such  
12      awards.

13          “(B) Trends in the progress made toward  
14      meeting the evaluation criteria pursuant to sub-  
15      section (e)(2)(C), including programs which de-  
16      crease infant mortality rates and improve  
17      perinatal outcomes, programs that have not de-  
18      creased infant mortality rates or improved  
19      perinatal outcomes, and programs that have  
20      made an impact on disparities in infant mor-  
21      tality or perinatal outcomes.

22          “(C) The ability of grantees to improve  
23      health outcomes for project participants, pro-  
24      mote the awareness of the Healthy Start pro-  
25      gram services, incorporate and promote family

1 participation, facilitate coordination with the  
2 community in which the grantee is located, and  
3 increase grantee accountability through quality  
4 improvement, performance monitoring, evalua-  
5 tion, and the effect such metrics may have to-  
6 ward decreasing the rate of infant mortality  
7 and improve perinatal outcomes.

8 “(D) The extent to which such Federal  
9 programs are coordinated across agencies and  
10 the identification of opportunities for improved  
11 coordination in such Federal programs and ac-  
12 tivities.”.